

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN7001	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/20/2012
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF COPPER BASIN		STREET ADDRESS, CITY, STATE, ZIP CODE 166 COPPER BASIN INDUSTRIAL PARK PO BOX 518 DUCKTOWN, TN 37326		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 832	<p>1200-8-6-.08 (2) Building Standards</p> <p>(2) After the applicant has submitted an application and licensure fees, the applicant must submit the building construction plans to the department. All new facilities shall conform to the 2006 edition of the International Building Code, except for Chapter 11 pertaining to accessibility and except for Chapter 27 pertaining to electrical requirements; the 2006 edition of the International Mechanical Code; the 2006 edition of the International Plumbing Code; the 2006 edition of the International Fuel and Gas Code; the 2006 edition of the National Fire Protection Code (NFPA) NFPA 1 including Annex A which incorporates the 2006 edition of the Life Safety Code; the 2010 Guidelines for Design and Construction of Health Care Facilities; the 2005 edition of the National Electrical Code; and the 2005 edition of the U.S. Public Health Service Food Code as adopted by the Board for Licensing Health Care Facilities. The requirements of the 2004 Americans with Disabilities Act (A.D.A.), and the 1999 edition of North Carolina Handicap Accessibility Codes with 2004 amendments apply to all new facilities and to all existing facilities that are enlarged or substantially altered or repaired after July 1, 2006. When referring to height, area or construction type, the International Building Code shall prevail. Where there are conflicts between requirements in local codes, the above listed codes and regulations and provisions of this chapter, the most stringent requirements shall apply.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility</p>	N 832	<p>there is adequate electrical outlets installed in accordance with NFPA 70. On 8/22/12 Maintenance Director installed electrical outlets in boiler room one (1) and boiler room two (2) for the hot water heaters.</p> <p>2. Audit completed by Maintenance Director and Executive Director of building to ensure electric outlets were installed in accordance with NFPA 70.</p> <p>3. Maintenance Director will audit electrical outlets monthly to ensure compliance of all electrical outlets.</p> <p>4. Maintenance Director will present findings of the monthly audit and the results will be reported and reviewed by the Executive Director, Director of Nursing, Medical Director, Director of Marketing, Director of Social Services, Rehab Services Manager, Director of Activities, Director of Environmental Services, Dietary Manager, and Business Office Manager in monthly PI meeting and corrections made as needed.</p> <p>N 832</p> <p>1. It is the policy of Life Care of Copper Basin to comply with all codes that are required for alterations and to attain approval prior to alterations.</p>	9/30/12

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Administrator

9/5/12

STATE FORM

6899

UC9J21

If continuation, sheet 1 of 2

SEP 06 2012

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N 832	Continued From page 1 failed to assure alterations to the facility are made with prior approval from the Department of Health. The findings include: Observation and interview with the maintenance director on August 20, 2012 at 2:45 p.m. revealed a new emergency generator was installed without submitting plans or obtaining approval for the renovations. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on August 20, 2012.	N 832	from the Department of Health. Plans were submitted for approval on 8/24/12. This was received by Larry Hucklebee on 8/27/12 for the approval process. Approval is expected by 9/30/12. 2. Audit was completed by Executive Director and Maintenance Director to ensure no other alterations had been made to the facility without approval from the Department of Health. Found no issues. 3. Maintenance Director and Executive Director will ensure future alterations have approval from the Department of Health prior to alterations to facility. 4. Maintenance Director will present any alterations needed to facility to monthly PI to assure proper codes, standards and approvals are in place prior to start of project. The results will be reported and reviewed by the Executive Director, Director of Nursing, Medical Director, Director of Marketing, Director of Social Services, Rehab Services Manager, Director of Activities, Director of Environmental Services, Dietary Manager, and Business Office Manager in monthly PI meeting and corrections made as needed.	

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